

Loneliness and isolation in older people

Summary

- Loneliness is subjective. It is the felt experience of particular individuals. Isolation describes the absence of social contact i.e. contact with friends or family or community involvement or access to services. Loneliness and isolation are clearly different, but can be experienced by anyone of any age or background.
- There are 243,372 people age 65+ in Hampshire; 48,674 of whom are estimated to be mildly lonely (20%); and another 19,470 to 24,337 who are estimated to be intensely lonely (8-10%).
- There are key 'trigger' or risk factors that can cause loneliness and social isolation in older age. These factors can be used to help to identify those likely to be at risk or experiencing loneliness in a community.
- Hampshire's partnership strategy - Ageing Well in Hampshire Older People's Well-Being (April 2011- March 2014) - identifies 'tackling social isolation and loneliness' as a key objective.
- There are already initiatives running in the county which help to identify those experiencing loneliness and assist them to reengage with their community.

Recommendations

- Prioritise the resourcing and development of the existing community based network of activities and opportunities that help to prevent or alleviate loneliness in older age.
- Embed the benefits of tackling loneliness and isolation within all health and social care assessments and initiatives.
- Make every contact with any person a potential opportunity to share appropriate and relevant information to assist with re-engagement with their community and access assistance.
- Develop 'Tackling Loneliness and Isolation Champions'/Coordinators across the county.
- Establish clear processes for health and social care to access the relevant services and information sources.
- Ensure health promotion messages relevant to older people are included in projects and initiatives to prevent or alleviate loneliness.
- Develop a clear evaluation process to measure the impact and effectiveness for Hampshire drawing on national evidence and outcome frameworks.

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1. Introduction

While this introduction summarises the report by Age UK Oxfordshire “Loneliness – the state we’re in” (2012)¹ it must be noted that loneliness and isolation can be experienced by anyone of any age and background.

Loneliness is subjective. It is the felt experience of particular individuals. Isolation describes the absence of social contact i.e. contact with friends or family or community involvement or access to services. Loneliness and isolation are different. Some people express loneliness even though they have frequent contact with family and friends. This is perhaps because they consider that these relationships are not providing the emotional support that they need. Other people have few contacts but are not lonely. Loneliness is distinct from but related to living alone, being alone, isolation and solitude’. However isolation can lead to loneliness.

Older people experiencing isolation require practical help and resources, such as transport provision, whilst older people experiencing loneliness require social support and extended social networks, which might be provided through befriending or group activities.

There are two main types of loneliness which may benefit from different interventions: emotional loneliness and social loneliness. Emotional loneliness is the absence of a significant other with whom a close attachment is formed, a partner or close friend. Social loneliness is the lack of a wider social network of friends, neighbours or colleagues. For many loneliness is a transitory experience, only if it becomes a persistent state does it have a damaging effect. It is therefore important for older people to be able to access the right support when they are going through a difficult transition such as retirement, bereavement, or moving home.

The evidence suggests that particular groups are more likely to be at risk of loneliness. Levels of loneliness among ethnic minority elders are generally higher than for the rest of the population – 15% reporting that they always or often feel lonely. Gay men and lesbians are at greater risk of becoming lonely and isolated as they age because they are more likely to live alone and have less contact with family.²

Nationally it is estimated that about 20% of the older population is mildly lonely and another 8–10% or 700,000 people are intensely lonely and:

- 17% of older people are in contact with family, friends and neighbours less than once a week.
- 11% are in contact less than once a month.
- 12% of older people feel trapped in their own home.
- 6% of older people leave their house once a week or less.
- Nearly 200,000 older people in the UK don’t get help to get out of their house or flat.

¹ Loneliness –the state we’re in. Age UK Oxfordshire, 2012

² Stonewall 2011. Lesbian, gay and bisexual people in later life
http://www.stonewall.org.uk/documents/lgb_in_later_life_final.pdf

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- 9% of older people say they feel cut off from society.³

Comparison of the results of studies completed in 1948 and 2005 of loneliness among older people shows that the percentage reporting that they often or always felt lonely was 8% in 1948 and 7% in 2005. There are, however, wider variations in the percentages reporting that they sometimes or never feel lonely. In the earlier survey 13% reported that they sometimes felt lonely; the figure in 2005 was 31%. In 1948, 79% said they never felt lonely but by 2005 this had reduced to 61%.

Loneliness makes it harder for people to regulate lifestyle behaviours which impact health such as excessive alcohol consumption, smoking and over eating. Being lonely produces changes in the body functioning that lead to increased blood pressure, risk of heart disease and depression. Lonely middle-aged and older adults have a higher risk of hypertension and higher levels of loneliness are associated with greater increases in systolic blood pressure over time.

Lonely individuals are more prone to depression, and the lonelier a person is, the more likely they are to experience increased depressive symptoms. Their degree of loneliness this year predicts how depressed they are likely to be next year. Loneliness can also be linked to cognitive decline and dementia in older people. There is evidence that socially engaged older people experience less cognitive decline and are less prone to dementia. The risk of Alzheimer's disease more than doubles in older people experiencing loneliness.

Studies have suggested that having weak social connections carries a health risk:

- equivalent to smoking up to 15 cigarettes a day.
- equivalent to being an alcoholic.
- more harmful than not exercising.
- twice as harmful as obesity.

2. Level of need in Hampshire

There are an estimated 48,600 people over the age of 65 in Hampshire experiencing mild loneliness, and a further 19,500 to 24,300 over 65s experiencing intense loneliness (tables 1 and 2).

In those districts defined as being "significantly" and "predominantly" rural areas (Basingstoke and Deane, East Hampshire, Eastleigh, Hart, New Forest, Test Valley, and Winchester), the practical difficulties relating to social isolation, for example access to transport, will be greater and need to be considered in conjunction with loneliness.

There are key 'trigger' or risk factors that can cause loneliness and social isolation in older age. These factors can be used to help to identify those likely to be at risk or experiencing loneliness in a community. Based on the research that has been

³ Campaign to end loneliness statistics factsheet
<http://www.campaigntoendloneliness.org.uk/resources/>

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conducted about loneliness and isolation amongst older people we know that there are a number of specific risk factors or triggers. These are shown in table 3.

It must not be assumed that all people in these groups will be lonely or isolated; and there will be people who are lonely or isolated who do not fall into any of these categories. We do not know if having multiple risk factors increases a person's risk of feeling lonely or isolated.

There are three additional risk factors not recorded in table 3 – older carers (limited information in table 4) recently bereaved older people, and older people receiving help with bin collection. Hampshire data for these will be available later in 2013/14.

Table 1: The number of people in Hampshire estimated to experience mild and intense loneliness, by district

Area	Number of people age 65+	Number of people aged 65+ estimated to be experiencing mild loneliness (20%) ⁴	Number of people aged 65+ estimated to be experiencing intense loneliness (8-10%) ⁴
Basingstoke and Deane	24,151	4,830	1,932 to 2,415
East Hampshire	22,303	4,461	1,784 to 2,230
Eastleigh	20,831	4,166	1,666 to 2,083
Fareham	22,776	4,555	1,822 to 2,277
Gosport	14,106	2,821	1,128 to 1,410
Hart	15,018	3,004	1,201 to 1,501
Havant	25,425	5,085	2,034 to 2,542
New Forest	44,142	8,828	3,531 to 4,414
Rushmoor	11,444	2,289	915 to 1,144
Test Valley	21,397	4,279	1,711 to 2,139
Winchester	21,779	4,356	1,742 to 2,177
HAMPSHIRE	243,372	48,674	19,469 to 24,337
ENGLAND	8,660,529	1,732,106	692,842 to 866,052

Source: 65+ population Census 2011

⁴ de Jong Giervald J, Fokkema T, Van Tilberg T. Alleviating loneliness among older adults: possibilities and constraints of interventions. Safeguarding the Convoy: a call to action from the Campaign to End Loneliness, Oxfordshire: Age UK Oxfordshire (2011)
http://campaigntoendloneliness.org.uk/wp-content/uploads/downloads/2011/07/safeguarding-the-convey_-_a-call-to-action-from-the-campaign-to-end-loneliness.pdf

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Table 2: The number of people in Hampshire estimated to experience mild and intense loneliness, by CCG

CCG	Number of people age 65+	Number of people aged 65+ estimated to be experiencing mild loneliness (20%) ⁵	Number of people aged 65+ estimated to be experiencing intense loneliness (8-10%) ⁴
Fareham and Gosport	37,461	7,492	2,997 to 3,746
North East Hampshire and Farnham	31,150	6,230	2,492 to 3,115
North Hampshire	32,659	6,532	2,613 to 3,266
South Eastern Hampshire	42,638	8,258	3,411 to 4,264
West Hampshire	110,074	22,014	8,806 to 11,007

Source: 65+ population data ONS mid year estimates 2011

Table 3: The number of people most at risk of experiencing loneliness in Hampshire, by district:

Area	Lone pensioners*	Lone pensioner rate **	People over 75***	Older people with sensory impairment* ***	Number of people over 60 living in deprivation*****	% people over 60 living in deprivation
Basingstoke and Deane	6,890	285.3	10,704	12,949	3,430	10.4
East Hampshire	6,087	272.9	10,497	12,350	2,777	9.8
Eastleigh	6,190	297.2	9,900	11,347	2,916	10.7
Fareham	6,178	271.3	10,955	12,838	2,716	9.0
Gosport	4,572	324.1	6,903	7,824	2,405	12.6
Hart	3,715	247.4	6,594	8,077	1,322	6.8
Havant	7,470	293.8	12,560	14,105	4,880	14.7
New Forest	12,423	281.4	22,716	25,442	5,848	10.3
Rushmoor	3,410	298.0	5,202	6,446	1,916	11.6
Test Valley	5,702	266.5	9,762	11,742	2,997	10.7
Winchester	6,297	289.1	10,615	12,174	2,817	10.1
HAMPSHIRE	68,934	283.2	116,408	134,914	34,024	10.6

*One person household: aged 65 and over, Census 2011

⁵ de Jong Giervald J, Fokkema T, Van Tilberg T. Alleviating loneliness among older adults: possibilities and constraints of interventions. Safeguarding the Convoy: a call to action from the Campaign to End Loneliness, Oxfordshire: Age UK Oxfordshire (2011)
http://campaigntoendloneliness.org.uk/wp-content/uploads/downloads/2011/07/safeguarding-the-convey_-_a-call-to-action-from-the-campaign-to-end-loneliness.pdf

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**Rate of people aged 65+ in a one person household per 1000 65+ population, Census 2011. Note that another possible source of 'lone pensioner' information is POPPI, which estimates the percentage of people living alone. The two data sources do not match.

***Census 2011.

****Calculated from POPPI estimates of number of people age 65+ with hearing and visual impairment in 2012.

*****Figures taken from the Income Deprivation Affecting Older People Index (IADOPI) which is based on people over the age of 60, in contrast to the original risk factor which is given as people over the age of 65.

Table 4 shows the number of people who had an individual Carers Assessment completed by Hampshire County Council Adult Services between April 2012 and March 2013. The majority of these carers (34.4%) are themselves over 85 years of age and fall within the "older old" group. This group are known to have increasing multiple long term health conditions and social care needs, which will increase their risk for social isolation and loneliness

Table 4: Individual Carers Assessment completed by Hampshire County Council Adult Services, April 2012 to March 2013

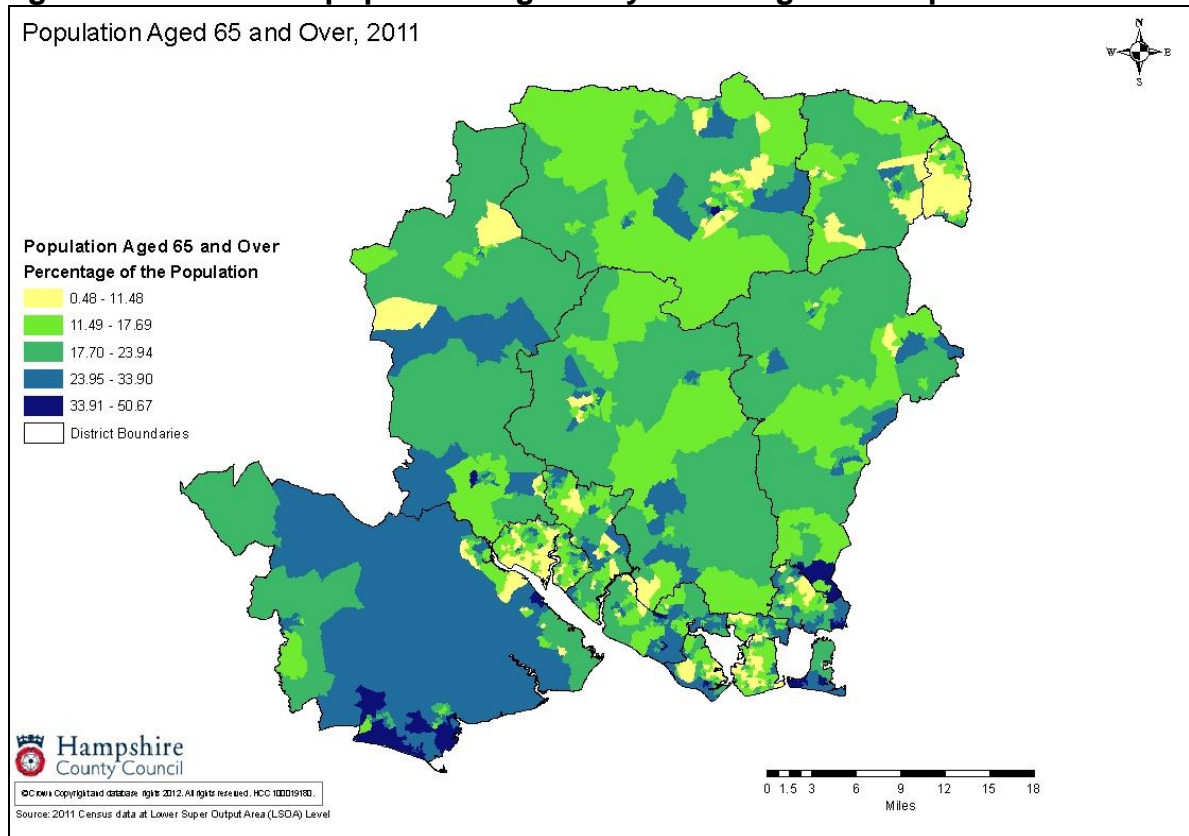
Age band of carer	Number of carers	Percentage of all carers
18-64	2,097	23.2
65-74	1,121	12.4
75-84	2,725	30.1
85+	3,111	34.4
Total	9,054	100

Figure 1 shows the population distribution of over 65 year olds in 2011. It shows the large number of older people living in New Forest district, but also significant pockets across all parts of the county. Figure 2 uses the Mosaic postcode types identified in Essex County Council's wider analysis of loneliness and isolation.⁶ It shows where the clusters of those most likely to be vulnerable to experiencing loneliness and isolation are living. Additional analysis of Hampshire data will be completed during 2013/14 to give us a more informed picture of where lonely and isolated older people might be living, who are currently not known to support services.

⁶ <http://campaigntoendloneliness.org/toolkit/casestudy/essex-isolation-index/>

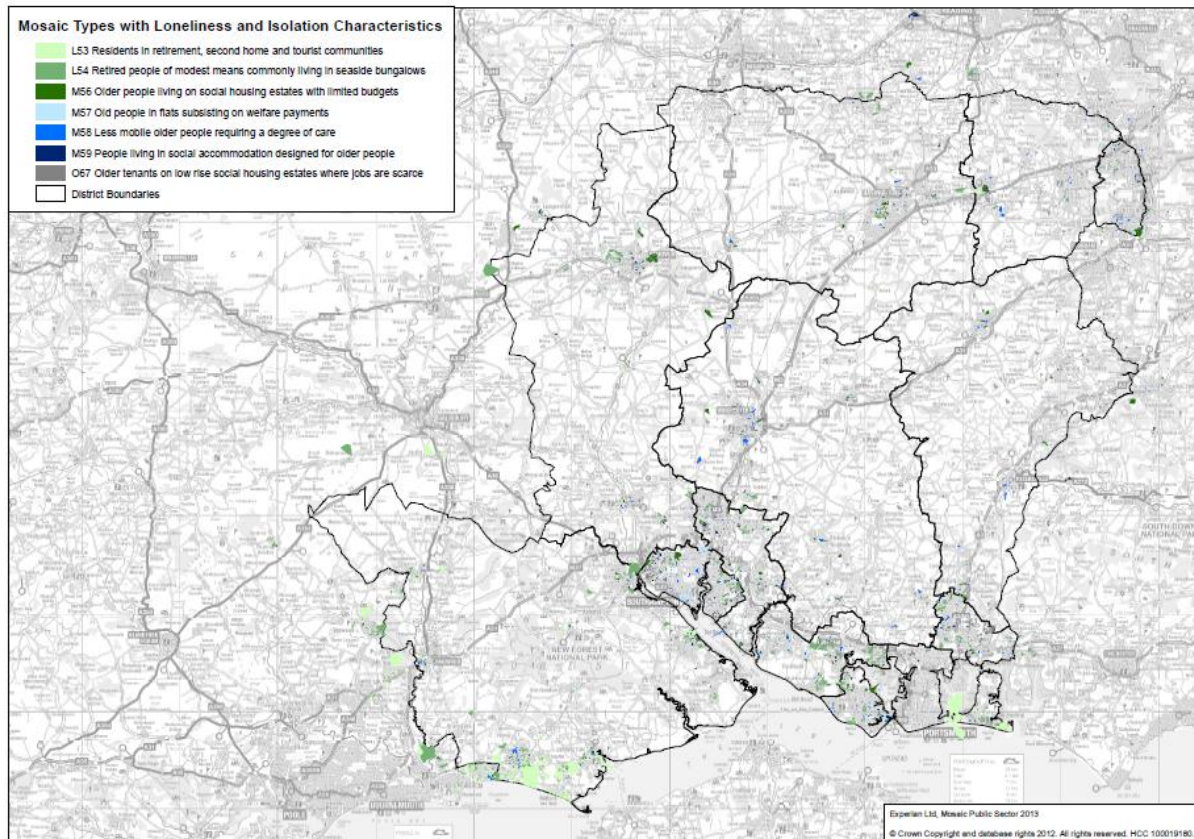
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Figure 1: Location of population aged 65 years of age in Hampshire



Source: Census 2011

Figure 2: Mosaic Types with Loneliness and Isolation Characteristics



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3. Projected service use

Using Hampshire County Council's 2009 long term projections of the future population in Hampshire,⁷ it is estimated that there will be 297,500 people age 65+ in Hampshire by 2021. If the prevalence of loneliness remains that same as now, then 59,500 people age 65+ will be mildly lonely, and a further 23,800 to 29,700 will be intensely lonely.

4. Current services in relation to need, user and provider views and evidence of what works

The Ageing Well in Hampshire Older People's Wellbeing Strategy and Action Plan (2011- 2014) has provided the framework for the development of services and initiatives in the community, to promote wellbeing and independence as part of Adult Social Care Prevention and Early Intervention work stream.

An extensive consultation was carried out in 2010 with over 2,000 individual older people and stakeholders drawn from community and voluntary organisations, faith groups, county council departments, district and parish councils, Department for Work and Pensions, Police, Health, Fire Service and older people's forums. Their views informed the priorities and resulting action plan of the strategy.

The aim of the strategy is: *"To enable older people to stay living independently at home with a positive quality of life"*. To achieve this it has as its second priority *"To help tackle social isolation and loneliness"*.⁸

There is on going and regular dialogue with older people through several different mediums. Namely with independent older people living in the community through the network of local older people's forums, brought together in the Hampshire Association of Older People's Forums (HAOPF), "The Voice" a focus group of older people and their carers with high support needs, Chatterbox social group for older LGBT people and black and ethnic community groups for example the Asian Welfare Community Association (AWCA).

The Campaign to End Loneliness has identified six categories of activities, which if implemented can help to prevent or alleviate loneliness in older age, as either their main function or as a secondary effect.⁹ These are:

- Information and signposting services.
- Support for individuals.
- Group interventions – social.
- Group interventions – cultural.
- Health promotion interventions.
- Wider community engagement.

⁷ <http://www3.hants.gov.uk/factsandfigures/population-statistics/pop-estimates/long-term-proj.htm>

⁸ www.hants.gov.uk/cx-olderpeoplesstrategy

⁹ Briefing note: Services to reduce loneliness and isolation amongst older people. Campaign to end loneliness

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These equate to the key areas already identified in Hampshire and reflect the priorities in the Ageing Well in Hampshire strategy and action plan. Hampshire is therefore currently travelling in the right direction to prevent and alleviate loneliness and isolation.

By identifying the geographical areas of the county with potentially highest need and the specific “trigger” or risk factors, more targeted work can be developed with partners. This will be refined further during the autumn 2013, when the Ageing Well in Hampshire strategy is being refreshed and a Hampshire specific consultation and gap analysis is carried out.

Provided below are examples of what exists in Hampshire within each of the Campaign to End Loneliness categories.

A. Information and signposting services

- Older People’s Area Link (OPAL) –volunteer led county wide information www.hants.gov.uk/ageconcern-opal
- Trigger Tool – information tool for all those who have contact with older people www.hants.gov.uk/triggertool
- District /borough council level websites and newsletters, community publications and local directories.
- HCC websites, telephone information and sign posting through Hantsdirect.

B. Support for individuals

- Village Agents - information and support provided via trained volunteers working in local rural areas. villageagent@ageconcernhampshire.org.uk
- Meal on wheels service - www.hants.gov.uk/meals-on-wheels
- Food and Friendship – volunteer befriending service linked to the Meals on Wheels service.
- Community Independence Teams (HCC) – www.hants.gov.uk/community-independence
- Local befriending initiatives run by voluntary organisations.

C. Group interventions – social

- Over 400 group activities for older people provided through a range of organisations both large and small.
 - Brendoncare Club Hampshire, U3A, WI, RVS, lunch clubs, church groups, Carers support and activity groups, Alzheimer’s cafés, Age Concern Hampshire, Age UK, specific health related groups e.g. stroke, arthritis www.e.volve.org.uk
- Access to transport for those who are isolated is a recurrent issue.

D. Group interventions – cultural

- Libraries and museums provide activities, clubs, reading groups.
- Community IT groups to access family history. www.hants.gov.uk/olderpeople-learning

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E. Health promotion interventions

- Better Balance for life falls prevention and physical activity project.
www.hants.gov.uk/betterbalance
- Community Cookery Demonstration classes to promote health eating and a social activity. www.hants.gov.uk/bettertime

F. Wider community engagement

- Opportunities to volunteer through Volunteer Centres (www.do-it.org.uk) and directly to specific projects e.g. OPAL, Village Agent, Food and Friendship befriending service, libraries, museums, countryside. Drivers and activity support in community groups.

5. Recommendations

- Prioritise the resourcing and development of the existing community based network of activities and opportunities that help to prevent or alleviate loneliness in older age.
- Embed the benefits of tackling loneliness and isolation within all other health and social care assessments and initiatives.
- Make every contact with an older person a potential opportunity to share appropriate and relevant information to assist with re-engagement with their community and access assistance.
- Develop 'Tackling Loneliness & Isolation Champions'/Coordinators across the county.
- Establish clear processes for health and social care to access the relevant services and information sources.
- Ensure health promotion messages relevant to older people are included in projects and initiatives to prevent or alleviate loneliness.
- Develop a clear evaluation process to measure the impact and effectiveness for Hampshire drawing on national evidence and outcome frameworks.